

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | SERIAL NO. | FILING DATE |
|---------------------|----------|------|------------------------|------|------------------------|------|--------------|-------------|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
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| TOTAL DEP. | 19 | ← | ← | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | 21 | ■ | ■ | ■ | ■ | ■ | ■ | ■ |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS